

1/4/10 POC accepted
B. Cowan HFSTIII

PRINTED: 12/07/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3564SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/19/2009
NAME OF PROVIDER OR SUPPLIER CAREMERIDIAN			STREET ADDRESS, CITY, STATE, ZIP CODE 7690 CARMEN BLVD LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on November 19, 2009 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Three complaints were investigated.</p> <p>Complaint #NV00022528 was substantiated with deficiencies. (See Tags Z64, Z240, Z241, Z271, and Z310)</p> <p>Complaint #NV00022980 was unsubstantiated.</p> <p>Complaint #NV00023306 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Z 000	<p>Rec'd 12/22/09</p>		
Z 64 SS=D	NAC 449.74429 Transfer or Discharge of Patient	Z 64		On 12/16/09 ADON and Administrator completed an audit on discharged	12/16/09

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE

12/17/09

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Z 64	Continued From page 1 5. A facility for skilled nursing shall prepare a patient for his transfer or discharge in such a manner as to ensure the safe and orderly transfer or discharge of the patient from the facility. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure facility nursing staff provided a patient transfer and referral record and specific medication administration information regarding Provigil to emergency personnel for 1 of 6 residents (Resident #1). Severity: 2 Scope: 1	Z 64	residents to ensure that correct transfer information was provided. Pharmacy held in-service on 11/18/09 medication transfer orders and Administrator and ADON held in-service on 12/17/09 on the proper completion of transfer form and all required information necessary for emergent and non-emergent transfers. ADON or designees will continue to monitor for compliance of transferred Resident's through random weekly audits times thirty days. Once compliance is achieved times thirty days, will audit monthly. Findings will be reported to the monthly Performance Improvement Committee with follow up as required to maintain compliance.	12/17/09	
Z240 SS=D	NAC 449.74471 Administration of drugs 1. A facility for skilled nursing shall not administer a drug to a patient in the facility: (a) In excessive doses, including duplicate drug therapy; (b) For an excessive duration; (c) Without monitoring the patient properly; (d) Without adequate indications for the use of the drug; or (e) If there are any adverse reactions which indicate that the dosage should be reduces or discontinued. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide adequate indications for the use of the drug Provigil for 1 of 6 residents (Resident #1). Severity: 2 Scope: 1	Z240	Z240 Resident discharged. ADON conducted a random audit on 12/14/09 to verify that all residents are receiving appropriate medications, with appropriate diagnosis, MD documentation, pharmacy reviews, no duplication in treatment, residents are being monitored as indicated, and reduction in dosage as indicated.	12/17/09 ongoing	
Z241 SS=D	NAC 449.74471 Administration of Drugs 2. Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a	Z241	In-service provided by pharmacy on 11/18/09 on medication administration and proper documentation. ADON & Administrator held an in-service on 12/17/09 for education on unnecessary drugs and monitoring of psychotropic medications. ADON or designees will continue to monitor for completion and update of medication administration record and psychotropic monitoring sheet until <u>compliance is met. Once compliance is</u>	12/17/09 ongoing	

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Z241	Continued From page 2 facility for skilled nursing shall ensure that a patient who: (a) Has not used an antipsychotic drug is not given such a drug unless it is required to treat a condition of the patient that has been diagnosed and documented in the medical record of the patient. (b) Use an antipsychotic drug receives gradual reductions in the dosage, in conjunction with behavioral intervention, in an attempt to discontinue the use of the drug, unless the medical condition of the patient requires otherwise. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide a diagnosis, physician progress note, or other specific treatment documentation for the use of the drug Provigil for 1 of 6 residents (Resident #1). Severity: 2 Scope: 1	Z241	achieved times thirty days, will audit monthly. Findings along with pharmacy reviews will be reported to the Performance Improvement Committee with follow up as required to maintain compliance. Z241 In-service provided by pharmacy on 11/18/09 on medication administration and proper monitoring of psychotropic drugs. ADON & Administrator held an in-service on 12/17/09 for education on unnecessary drugs and monitoring of psychotropic medications and appropriate diagnosis. ADON or designees will continue to monitor for completion and update of medication administration record and psychotropic monitoring sheet until compliance is met. Once compliance is achieved times thirty days, will audit monthly. Findings will be reported to the Performance Improvement Committee with follow up as required to maintain compliance	12/17/09 ongoing	
Z271 SS=D	NAC 449.74479 Urinary Problems Based on the comprehensive assessment of a patient conducted pursuant to NAC 449.74433, a facility for skilled nursing shall ensure that a patient: 2. Who is incontinent receives the services and treatment needed to prevent the infection of his urinary tract and restore the normal function of his bladder. This Regulation is not met as evidenced by: Based on interview and record review, the facility's nurses failed to document and provide Foley catheter care according to facility policy for an eleven day period resulting in a urinary tract infection for 1 of 6 residents (Resident #1). Severity: 2 Scope: 1	Z271	Z271 Audit completed by ADON on 12/15/09 indicates that all residents that currently are incontinent and/or have a catheter are receiving incontinence care/ catheter care and is being documented per CM Policy and Procedure. ADON & Administrator held an in-service on 12/17/09 for education on proper incontinence care/ catheter care to all staff to ensure understanding of policy and procedure. ADON or designees will continue to monitor for compliance with incontinence care/ Foley catheter care through random	12/17/09 ongoing	

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Z310 SS=D	<p>NAC449.74493 Notification of Changes or Condition</p> <p>1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when:</p> <p>(a) The patient has been injured in an accident and may require treatment from a physician;</p> <p>(b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life;</p> <p>(c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment;</p> <p>(d) The patient will be transferred or discharged from the facility;</p> <p>(e) The patient will be assigned to another room or assigned a new roommate; or</p> <p>(f) There is any change in federal or state law that affects the rights of the patient.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure nursing staff notified the physician of family refusal regarding an ordered medication (Provigil). Consequently the physician never discontinued the medication or ordered an alternative treatment for 1 of 6 residents (Resident #1).</p> <p>Severity: 2 Scope: 1</p>	Z310	<p>audit and rounds to ensure and maintain compliance. Once compliance is achieved times thirty days, will audit monthly. Findings will be reported to the Performance Improvement Committee with follow up as required to maintain compliance.</p> <p>Z310 ADON & Administrator held and in-service on 12/17/09 to review policy on proper notification of family, physician, Nursing administration, and Administrator for any change in condition.</p> <p>ADON and /or designee will monitor compliance of any and all incidents to ensure proper notification weekly and then time thirty day to ensure compliance. Once 100% compliance is achieved will monitor monthly.</p> <p>Findings will be reported to the Performance Improvement Committee with follow up as required to maintain compliance.</p>	<p>12/17/09 ongoing</p> <p>12/17/09 ongoing</p> <p>12/17/09 ongoing</p> <p>12/17/09 ongoing</p> <p>12/17/09 ongoing</p>	

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